

the tumor is accessible and not too high a degree of malignancy. Large size alone should not deter one from using this method.

Surgical diathermy through the open bladder, followed by a course of x-ray, seems best in inaccessible or highly malignant tumors. In 1927 I reported twenty-one cases under this method, fourteen then living, but now I find that four have died and two have recurrences, which may be amenable to treatment. X-ray and radium have not become widely used because the average urologist knows little of their action, dosage, etc. Vice versa, x-ray and radium workers know little of the use of a cystoscope. Better coöperation would probably bring better results.

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JOSEPH WALKER, M. D. (7046 Hollywood Boulevard, Hollywood).—Doctor Stevens' conclusions and results verify the splendid work of Corbus and O'Connor and other originators of diathermy as the method of choice in treating malignant tumors of the bladder.

In saying that diathermy is the method of choice in treatment of this class of cases we cannot compare entirely the *number* cured and not cured. Statistics of cases subjected to resection or to diathermy are misleading, for the reason that far more advanced cases have been treated by diathermy than could possibly be treated by resection. For this, and other self-evident reasons, statistical judgment is not in agreement with the facts.

I think the case reports alone of Doctor Stevens furnish ample justification for the following questions and answers:

Does resection in any stage of a malignant tumor of the bladder offer anything more satisfactory than diathermy? It does not.

Is resection applicable to as large a number of cases as diathermy? It is not.

Is the surgical risk less with resection than with diathermy? It is vastly more.

Is the suffering of the patient more with resection than with diathermy? It is.

Is shock more with resection than with diathermy? It is.

Is the time in the hospital greater with resection than with diathermy? It is.

Then, is there any basis for an argument in favor of resection? There is none, in fact.

As to fulguration, as that expression is generally understood: Is the therapeutic-fulguration-diagnostic test justifiable as a method of treatment? I think the arguments against it outweigh those for it. At best, it seems to me, justifiable only in the aged and very weak. To me to wait for months or years to see if a growth is malignant when you know at once that it is potentially malignant before applying your best treatment, is a judgment no better founded than would be the judgment of a lawyer in saving his best evidence for his appeal.

My experience with radium and x-ray is too limited for me to express an opinion of any value. In a series numbering the same as Doctor Stevens' I have had one death and no recurrence after from one to three years. I have carefully inspected the bladders of many of the cases of Corbus and O'Connor three to five years after operation and can say, from my own experience and what I have seen of theirs, that on a basis of facts and results, surgical diathermy applied intelligently and with skill is of its own right the method of choice in the treatment of malignant tumors of the bladder. I feel sure that Doctor Stevens' frank report of his cases will give us all more confidence in attacking this the most unwelcome problem confronting urologists.

THE HOSPITAL AND THE INTERN*

By PERCY T. MAGAN, M. D.
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THERE exists at the present hour a very sharp division of opinion in medical circles concerning the education of students of the healing art.

One prominent group takes the position that the curriculum of today is too long, too severe, and uselessly encumbered with minutiae. These men are of the opinion that under current methods we are turning out a type of graduate unfitted and unwilling to cope with the problems and requirements of ordinary practice. Such are fervently insistent that fundamental and drastic changes as to amount and kind of subject-matter taught, methods of teaching, and manner of persons employed as professors, shall be inaugurated with all possible dispatch in the schools of medicine of our universities.

Opposed to the above school of thought stands another band of eminent medical authorities who, with equal fervor, maintain that the medical colleges of the present time are so far superior to those that have gone before that there can be no comparison. They aver that the curriculum is high unto the very zenith of efficiency, and that modern medical science is being dispensed to the student as ably and as thoroughly as conditions will permit.

AGREEMENT CONCERNING THE INTERN YEAR

Happily, however, in this maelstrom of conflicting opinion there is one point upon which both sides unanimously agree. I refer to the value of the intern year. While some men hold that the premedical period is unduly long and that the regular four-year course should be abbreviated, they are nevertheless agreed in the idea that the intern year must remain, and must be rendered more useful, by the best thought of the leaders in medical school and hospital management.

"THE WEIGHTIER MATTERS"

What now are the most important things owing the intern during this crucial year? What shall be the underlying scheme for his professional advancement? In his first and second years he has been indoctrinated with the basic sciences of medicine. During his third and fourth years he has been introduced to a didactic and clinical study of medicine, surgery, obstetrics, gynecology, and the specialties. Speaking by and large, his head has been very well filled for the most part with excellent medical material. But how to empty this knowledge in a wise and becoming manner onto his tongue and into his hands for the benefit of patients, he knoweth not. Speaking in the language of banking and commerce, his learning is to a very great extent a frozen rather than a liquid asset.

Now to my mind, the lares and penates—the household gods of the fifth or intern year, must hold it as their most sacred duty to liquefy, purify, and sanctify knowledge already acquired by the student, and release it for the benefit of afflicted

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man- and womankind. It is this that Minerva Medica requires at the hands of these priests of medicine who are charged with the responsibility of training the acolytes of her cult at the flaming altars of her hospitals.

How, then, shall this be best brought about?

RESPONSIBILITY

The fifth-year student taking his internship is as the eaglet learning to fly. These young eaglets are old enough and strong enough to fly. But there is a tendency to cling to the student rather than to the practitioner viewpoint, of thought and action. They fear to venture forth upon the untried air, or to trust their fluttering wings. But they must learn to fly. There are fine joys of service awaiting them in the wide areas of medical space. Hence it is incumbent upon their preceptors in the hospital to stir up their mental nest and drive them forth. When once they are launched upon the upbearing air and learn by glad experience the ecstasy of flight, how grateful will they be to the faithful preceptor, who flinched not from the hard task; "and who still swoops and flies beneath them, ready to catch them up if their powers should flag, and to bear them sunwards."

ATTENDING STAFF NEGLECT OF INTERNS

It is often difficult for hospital staff physicians to trust the intern to do things. Often sufficient responsibility is not placed upon him. He should be in direct charge of his patients. The chief and his associates should make rounds with him in the rôle of consultants, and later in private they should counsel and instruct. The tendency is altogether too great in many hospitals to give orders to the intern in much the same way that instruction is given to nurse or orderly. This is poor technique. The intern must be approached in such a way that he will think for himself, reason from cause to effect, and thus enjoy a steady development. Because of an attitude of overlordship upon the part of the chief, many an intern becomes fearful of his patients and of his profession. At the same time he develops much the same attitude toward his teachers that is attributed to the little boy who was interrogated once as to what would be his greatest ambition when he grew up. Quoth the lad: "To scrub my mother's ears." Simply to regard an intern as a poodle to follow around after the chief, wagging his tail in admiration of his master's wisdom, is to defeat the entire purpose of a genuine internship.

ETHICS

The average medical student learns little of ethics in a practical way. What he does imbibe savors of the letter which killeth, rather than of the spirit which giveth life. In hospitals approved for interns too much attention cannot be paid to the character, the ideals, and the ethical sentiment and tendencies of the physicians on the staff. As the twig is bent, the tree will incline. Many a fifth-year student reaped a valueless harvest due to the germination of seeds sown in his soul by chiefs who during his hospital service days gave way in his presence to actions and remarks

professionally immoral and unethical. Abuse of fellow practitioners, disparagement of their modes of treatment should never be indulged in the presence of an intern. These preceptors should be men who are scrupulous in their guardianship of their brother's good name. They must be men who will never for a moment countenance quackish or questionable methods of practice. In all their association with their fellows and patients they should partake of the spirit of Solomon of old, concerning whom it was written that "God gave him wisdom and understanding exceeding much, and largeness of heart, even as the sand that is on the seashore." Too frequently hospitals become hotbeds of gossip and criticism. In this respect they often call to my mind a remark of William Ewart Gladstone, England's great Prime Minister of the Victorian era. A Mr. Purcell had written a "Life of Cardinal Manning." The book abounded with criticisms of the venerable churchman. His motives, character, scholarship were picked to pieces in a most scathing manner. After making a thorough review of the work, Gladstone laid it aside with a heavy sigh, opining withal: "It leaves nothing for the Day of Judgment."

TEACHING THE ART OF MEDICINE

During the four years of his regular work in medical school the student learns much more of the science than of the art of medicine. This is to be expected and, in fact, cannot very well be avoided. Consequently the burden of initiating him into the art of his calling must and can be undertaken best at the hospital.

Too many young practitioners lose out because they manifest impatience and irritability with a crabbed and refractory patient. They need by precept and example to be instructed in the science of amboceptor, that mysterious substance which serves to connect the invading cell with the complement in such manner as to render it harmless to the body tissues. He must be taught how to cultivate that fine sort of positivity which nevertheless is leavened withal by a splendid power of attracting negative bodies to himself. Now and again there come to the medical college with which I am connected, students, feminine in gender, and of the genus spinster, who prior to turning their thoughts toward medicine have devoted their talent to training the child in the way he should go. I have noticed occasionally that some of these make a failure of the practice of medicine, and my observations have led me to the conclusion that a certain commanding attitude, undoubtedly acquired during the days when they presided over a group of youngsters in the school-room, was the underlying cause of disaster. In dealing with unappreciative patients a flank attack is far better than direct assault—an "enveloping movement," as the military tacticians would term it, more productive of good results than an artillery barrage. To speak in parables sometimes accomplishes far more than the argument of a wise logician.

Again, it is in the hospital that sympathy for the patient must be inculcated. A chief of high ideals can be of immeasurable service to an intern

in this respect. To train him in heart and demeanor to enter into the very life woes and agonies of those who have entrusted themselves to his keeping is to endow him with the gold of Ophir. All too often is the intern trained most exactly in the minor technicalities of his trade—trained to “pay tithe of mint and anise and cummin, while omitting the weightier matters of the law, judgment, mercy, and faith: these ought he to have done, and not to have left the others undone.”

SPIRITUAL AND MORAL CULTURE

Daniel Webster was once asked, “What to your mind constitutes the greatest proof of the Christian religion?” He answered in one touchingly brilliant sentence, “An old aunt of mine in the state of New Hampshire.” In other words, ideals, morals, spirituality are things to be lived, and not merely abstract thoughts to be mentally assented to.

When I speak of morals and religion in medical training I am not referring to creed, church-fellowship, or dogma. I am endeavoring to impress upon the chiefs of staff and their assistants that the building of real character in the coming generation of doctors is a mighty task that is laid at their door. This is that priceless jewel which the Great Apostle so aptly defines as the “hidden man of the heart.” Among all the adages to which the ancient Romans gave birth none is more pregnant with deepest meaning than “*Nemo laeditur nisi a seipso*”—no man is injured except by himself. The average youthful practitioner of medicine is quite apt to blame everybody else but himself when things go wrong. A capable chief can guard him well and guide him true in this important matter.

A physician's character is “what God sees him do in the dark.” Hippocrates recognized that the profession of medicine is supported by two pillars—science and morals or religion. I greatly fear that at the present time we are paying too much attention to the former, and too little to the latter. We are exalting to the highest heavens, though perhaps none too high at that, the importance of the guinea-pig side of medicine, but we are doing but little to inculcate the basic, spiritual foundations of our vocation.

A TALE OF THE SEA

Our situation reminds me somewhat of a story I once heard an old, retired sea captain tell. This particular skipper regarded education as usually imparted in our universities as the plague of mankind. I was begging him one day to employ some of the young men from the college of which I was dean during the midsummer vacation. He was president of a large publishing concern. He stated tauntingly that no college student or young graduate was any good. He told how in days gone by he was wont to sail out of the port of Boston; how the students and young graduates from Harvard University would come and plead with him to give them jobs; and how he never considered them worth employing. But one time he did hire one. This particular fellow was, in many ways, very brilliant. My skipper friend

took him on as a common seaman before the mast, at a salary of \$10 a month. His mates thought he was a wonder. He became the darling of the fore-castle. He could recite Shakespeare most dramatically, and at the rate of an entire play at a time. The lines of Ovid fell from his lips like the waters from the Falls of Minnehaha. The most abstract logarithms and problems were as nothing to him. He had only one trouble: he couldn't stay sober. Three-quarters of the time he was two sheets in the wind. One day when the vessel was rolling in a heavy sea, as he went staggering, dead-drunk, down the deck he ran afoul of the old master. In a towering rage my skipper friend began: “Jack, you miserable fellow, you ought to be ashamed of yourself. Here you are, versed in Greek and Latin, science, and the English classics; but you are filthy drunk most of the time; I have a good notion to put you in irons.” “Yes, Captain, but you ought not to expect all the cardinal virtues for \$10 a month.”

Mr. Chairman, this little tale illustrates a vital principle. It is of little use to train young men in anatomy, physiology, medicine and surgery, in all the hidden arts of clinical microscopy, if we neglect to make them disciples of the cardinal virtues. Failing in this, we are simply putting weapons in their hands that will make them ten-fold more the children of hell than they could possibly be without them. There is a mighty lesson to be drawn from the Great War: that it is dangerous to know too much of some things without the balancing power of other things. The cataclysm through which we recently passed clearly revealed that we knew too much about high explosives, poison gases, and deadly weapons, but altogether too little about the difference between a sacred treaty and a scrap of paper; or between frank, open and aboveboard dealing between nations and the subterranean mazes of secret diplomacy. In other words, the appalling catastrophe which overtook the world in 1914 was the end-product of those metabolic processes which involve too much scientific and too little moral training.

QUACKS AND CULTS

I have thought much about the quacks and cults and medical crooks with which the earth is reeking today. If these people are only ignorant enough they do not need to be, and are not crooked. Their success is in proportion to their ignorance. A cultist, if his ignorance is only dense enough, can honestly believe that adjusting the sphenoid bone will act as a magic cure for acute nephritis. His density acts as salvation against wilful dishonesty.

On the other hand, the better educated a medical man is the greater the necessity for the very finest grade of moral fiber and integrity. Unless that man has the interests of his patients, physically and financially, at heart he is going to subject them to a multiplicity of tests and procedures which in his heart of hearts he knows, as far as their particular case is concerned, are absolutely worthless. He is going to hold patients himself, and doctor them till they die, while piously talking about the providence of God, and the mys-

teries which we will not understand until we reach the other shore, when his innermost soul tells him that the poor man or woman might have been alive and well if he had only turned him over to a doctor of greater experience and skill. He is going to keep a lot of neurasthenic women wearing down their husband's fortunes and his office carpet, while he hands them out silly remedies for still more silly diseases instead of boldly and honestly telling them that what they need is to go home and make a pleasant day out of doing the family washing. He is going to operate on cases that he knows do not need the operation nearly so badly as he imagines his exchequer needs the dirty fee that he can filch from them. He is going to keep men and women on the operating table for two hours when someone else could get them off in one. The mere fact that he gets into the peritoneal cavity when he is trying to get into the bladder means nothing to him so long as in his crude way he gets some experience, and can keep the nurses and his assistants fooled as to his real rottenness. In other words, his limited knowledge of science has only served to make a consummate scoundrel out of a simple sinner.

My friends, it is things like this that may bring disgrace on our profession. It is true that men must learn, that they must make beginnings, and so it will ever be. But there are right and safe ways of learning and of making beginnings. Medical teachers must have enough backbone and moral fiber to weed out from their institutions of learning, even in the intern year, young men who do not have the proper moral or scientific attitude and foundation. The mere fact that a student is able to make his grades and pass his examinations is not a sufficient reason for handing him a diploma. There are greater things than per cents and examination marks. The mere fact that a student can pass a few examinations does not prove by any means that he is fitted to be a doctor and take the lives of men and women in his hands. This is such a superficial method of proving the proposition that it is positively puerile.

Today too many are entering the medical profession without really loving it. It may be that the mothers of some of these gave them consciences, but if they did, the boys were unable to raise them. "Too many are entering the medical profession without good working consciences, without the keen appreciation of the difference between right and wrong; too many are coming into an honored and honorable calling with low standards of trade and traffic in their souls. . . . The medical profession must be maintained as a place where righteousness reigns and no mean thing may live."

We need doctors today possessed of the deepest kind of simple sincerity. Men in whose care the frailest maid will be as safe as under the watchful eye of the fondest and purest mother. Physicians are in the very nature of their profession subjected to temptations far beyond those that come to men and women in any other calling in life. Life secrets and tragedies are bared to them in sacred confidences, and sympathy and comfort is sought at the altar of their hearts and hands. How

necessary therefore that the moral atmosphere surrounding our own souls be pure as the gentle dawn.

In ancient days the art and science of medicine was entrusted to the priests. This was so when Moses was lawgiver in Israel and Tut-ankh-Amen was king in Egypt. Today nominally and outwardly the ministry and medicine are separate and distinct. But in a deeper, better sense it is not so, and so long as time shall last, and seasons come and go, men and women will come to their doctor with their sorrows and their woes. We must be equipped to bind up the broken-hearted, to assuage the grief of the downcast, and to give to all, beauty for ashes, the oil of joy for mourning, and the garment of praise for the spirit of heaviness. And if these be the lodestones of our lives, then in the beautiful language of Strudwick:

"Neither the apathy of friends, the cold neglect and deep injustice of legislation, nor pampered quackery and empiricism can stay its onward course. True medical science will, like the majestic oak, withstand the shock and storm of every opposition. It has been beautifully compared to a star, whose light, though now and then obscured by a passing cloud, will shine on forever and ever in the firmament of Heaven."

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THE ASPHYXIATED INFANT*

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DISCUSSION by Leslie A. Smith, M. D., Ogden, Utah;
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ALL too often, following delivery, the infant that has been alive during the labor fails to breathe, in spite of measures for respiratory stimulation which we employ. Sometimes the heartbeat stops during the labor or it may fail to beat immediately or shortly after birth. We call the above condition asphyxia neonatorum and take the fatalistic attitude that nothing can be done to prevent it. The oftener we observe labor and birth the more impressed we are with the belief that asphyxia neonatorum is not a diagnosis, but only a symptom of some condition that causes delayed respiration or even death of the infant. The responsibility for the infant's death should be ours, if this causative condition is not guarded against.

The actual percentage of preventable infant deaths is given by some as 70 per cent. Study of reports made within the last few months indicate that the probable preventable deaths in the best institutions of this country average 20 per cent or less. Outside of such institutions where control of procedure is under varying responsibility, infant deaths will reach a higher average. It was brought out at the last meeting of the Obstetric Section of the American Medical Association that the intranatal and neonatal death rate had increased 10 per cent in the last few years.

What can the possible causes for these infant

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